MINNESOTA
BOARD OF BARBER EXAMINERS

335 Randolph Ave, Suite 120
St. Paul, Minnesota 55102
Phone: 651-201-2820 Fax: 651-797-1371
E-mail: bbe.board@state.mn.us

BARBER SHOP APPLICATION INSTRUCTIONS

STEP 1 – Starting a Business in Minnesota: Before submitting a new license application you must choose a business structure for your business entity. To obtain more information relating to starting a business in Minnesota you can contact the Minnesota Department of Employment and Economic Development at 651-556-8425.

STEP 2 – Minnesota Secretary of State Office: Before submitting a new license application you will need to contact the Office of the Minnesota Secretary of State to obtain information relating to the registration of your business entity or business name in Minnesota. Contact SOS by phone at 651-296-2803 or 1-877-551-6767.

STEP 3 – Attach Business Filings Documentation: Include computer screen print of the ACTIVE Secretary of State Business Record Detail or a Certificate of Organization for your business entity filing and/or the assumed name with your license application. Reference the following table for which attachments are required.

Locate your business type below to determine what type of business documentation is required. Attach document(s).

	Corporation	LLC/LLP	Sole Proprietor	General Partnership	Other
Certificate of Assumed Name	If not using the FULL legal name of the business.	If not using the FULL legal name of the business.	If not using the full legal name of the owner in the business name.	If not using the full legal names of ALL owners in the business name.	If not using the FULL legal name of the business.
Certificate of Organization	Required	Required			Required

Certificate of Assumed Name

Any person conducting business under a name that is not their true full name must file an assumed name. Any corporation, limited partnership, or limited liability company using a name other than their legal name must file an assumed name.. **Once the assumed name is registered, you must attach a copy of the Certificate of Assumed Name or the online business filing.**

Certificate of Organization

A certificate of organization is required for any business owner or entity that is not a sole proprietor or general partnership. All businesses, except for sole proprietors and general partnerships must register their business with the Minnesota Secretary of State. **Once the business is registered, you must attach a copy of the Certificate of Organization or the online business filing.**

STEP 4 – Minnesota Tax ID: You must disclose a Minnesota tax identification number. You may obtain a Minnesota tax identification number through the Minnesota Department of Revenue. Contact them at 651-282-5225. **THIS IS NOT YOUR FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)**

STEP 5 – Workers Compensation Insurance Requirement: Workers compensation insurance is required for all barber shops that employ any person. To determine if your barber shop needs workers compensation insurance, answer the following question. Will your barber shop have employees? This includes receptionists, maintenance workers, etc. and could include registered barbers. Contact the Minnesota Department of Labor and Industry at 651-284-5005 (option 3), or your insurance agent with any questions regarding workers compensation requirements. You must attach a CERTIFICATE OF COMPLAINCE with your workers' compensation insurance policy, or explain why your barber shop is not required to have workers' compensation insurance. The CERTIFICATE OF COMPLIANCE form is attached to this application.

STEP 6 – Fees: The correct fee(s) must be included with your application. **Check or money order only, payable to MBBE.**

- **New Barber Shop Registration: $85.00 -** This fee must be paid when registering a new barber shop. The expiration date of a new barber shop is ALWAYS the following June 30th, regardless of what date the shop is registered. A complete barber shop application is required.
- **Barber Shop Relocation: $55.00 -** This fee must be paid if you have an actively registered barber shop, and you wish to register the barber shop at a different address. NOTE: This does not affect the expiration date of the registration. Only the address on the registration will change. A complete barber shop application is required.
- **Barber Shop Ownership Change: $55.00 -** This fee must be paid if the ownership of an actively registered barber shop changed. This does not affect the expiration date of the registration. Only the ownership information for the barber shop will change. A complete barber shop application is required.

STEP 7 –Application: Complete the following application. Incomplete applications will be returned.

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BARBER SHOP APPLICATION

NOTICE OF COLLECTION OF PRIVATE/CONFIDENTIAL DATA

The information provided with this application will be used by the Board to assess your qualifications for licensure. It may also be used to determine whether you have violated any statutes or rules the Board is empowered to enforce. You are not required to complete this application, but if you fail to do so, the Board will be unable to process it or issue a registration. If the information provided shows a violation of any statutes or rules enforced by the Board, you may be subject to disciplinary action by the Board including the assessment of civil penalties. Using fraud or deception to obtain a registration may be a basis for denial or other disciplinary action.

Minnesota Statutes § 270C.72, subd. 4 requires applicants to provide their Minnesota Business Identification Number and the social security numbers or individual taxpayer identification numbers of all individual owners, partners, officers, and other members of the business entity liable for delinquent taxes. Upon the Minnesota Department of Revenue's request, the Board must provide it with a list of all applicants, including their name, address, business name and address, and social security number or individual taxpayer identification number. The Department of Revenue may order the Board to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes.

Except for an individual applicant's name and address, application information on individuals is private data while the application is pending. But in circumstances authorized or required by law, the information may be disclosed to others, including the Attorney General's Office, the Minnesota Department of Revenue, the state or legislative auditor, persons contacted for purpose of verification or investigation, and persons who obtain a court order to receive the information. After issuance of a license, the information provided, except your social security number and any nondesignated addresses becomes public data and may be released to anyone upon request. Information provided on this application that is not on an individual is, in general, public.

SECTION A: BARBER SHOP INFORMATION

Full Legal Business Name of Barber Shop:		
Doing Business As Name/Assumed Name: (if applicable)		
Barber Shop Address:	Street:	Suite:
City:	State:	Zip Code:
Alternate Mailing Address: (if different than barber shop address)	Street:	Suite:
City:	State:	Zip Code:
Barber Shop Telephone Number:	**E-Mail:**	

Contact Person for this Application: **E-Mail Address:** **Telephone Number:**

First Name Last Name

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SECTION B: APPLICATION TYPE - (CHOOSE ONE)

☐ **New Barber Shop $85.00** Anticipated Opening/Starting Date: _____

☐ **Barber Shop Relocation $55.00** Shop Registration Number: _____

Currently Registered Address: _____

Address of New Location: _____

☐ **Barber Shop Ownership Change $55.00** Shop Registration Number: _____

Current Shop Name: _____

Name of Current Owner: _____

SECTION C: BARBER SHOP DETAILS

Number of Barber Stations: _____	Number of sinks in the immediate area where barber services are performed: _____
☐ Yes ☐ No	Does the shop have one sink for every two barber stations in the immediate area where barber services are performed?
☐ Yes ☐ No	Is there a minimum of five feet between barber chairs, measuring from center to center?
☐ Yes ☐ No	Is the floor of the barber shop composed of hardwood, linoleum, tile or other washable and nonporous material?
☐ Yes ☐ No	Does the barber shop have adequate lighting and ventilation?
☐ Yes ☐ No	Other than a cosmetology salon, is any room or part of this barber shop used for residential purposes or for any other business purpose other than barbering?
☐ Yes ☐ No	Is this barber shop located in your home? If yes, the barber shop must have a separate entrance from that of your home and have a sink in the immediate area where barbering services are performed.

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SECTION D: OWNERSHIP STRUCTURE

TYPE OF OWNERSHIP: ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ General Partnership ☐ Corporation ☐ Sole Proprietor

If organized as a sole proprietor you must provide a social security number. If organized as a general partnership, each partner must provide a social security number. If you choose any other business structure, you must disclose a Minnesota tax identification number.

☐ Yes ☐ No I have attached a Certificate of Organization and/or a Certificate of Assumed Name to this application.
(See step 3 of the application instructions for the documents required based on your organization structure)

Minnesota Tax Identification Number:

This is **NOT** the Federal Employer Identification Number (EIN) Contact the Minnesota Department of Revenue at (800) 657-3777 to assign a Minnesota Tax ID to your business..

COMPANY OWNERS, PARTNERS OR OFFICERS

Last Name:	First Name:		Title:
Street:			Social Security Number:
City:	State:	Zip:	Telephone:

Last Name:	First Name:		Title:
Street:			Social Security Number:
City:	State:	Zip:	Telephone:

Last Name:	First Name:		Title:
Street:			Social Security Number:
City:	State:	Zip:	Telephone:

SECTION E: DESIGNATED BARBER

READ FIRST: Each barber shop must have a designated registered barber to manage the barber shop. Any person who is an active registered barber in the State of Minnesota is eligible to be a designated barber. A registered barber may be the designated barber for multiple barber shops. All other person's providing barber services in the shop must be an active registered barber. All barbers must have a registration card posted at their station.

Designated Barber Last Name:	Designated Barber First Name:	Registration Number:
Designated Barber Signature:		Date:

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SECTION F: BARBER SHOP FLOOR PLAN

Provide a diagram of your barber shop's floor plan as explained below:

- You may attach a blueprint or formal drawing. Write BLUEPRINT ATTACHED on the grid below if you do so. Use the labels at the bottom of the page on your submission.
- For every 2 barber chairs, there must be 1 sink in the immediate area where services are provided.
- Drawing must show a minimum of five feet between barber chairs, measuring from center to center.
- Each barber station must have unobstructed access to a sink within 5 feet of the chair or have a dispensary available .
- A dispensary is a booth, or area where implements will be cleaned, disinfected, and stored. It must be within 5 feet of a sink.
- Include all partitions, doorways, workstations, waiting area, restrooms etc.
- Flooring must be composed of hardwood, linoleum, tile or other washable and nonporous material.
- If the shop is also a cosmetology salon, **only label barber workstations(s).**

LABELS TO BE USED

A – Barber Chair **B** – Sink **C** – Dispensary **D** – Entrance/Exit

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SECTION G: CERTIFICATION OF APPLICANT

APPLICANT

I certify that the information included within this application is true and correct. I also certify that this document has not been altered or changed in any manner from the form adopted by the Minnesota Board of Barber Examiners.

☐ Yes ☐ No I have attached a Certificate of Insurance to this application.

_____ _____
Signature (Signature must be made in presence of Notary) Date

By:_____
Print Name

Its: _____
Title of Business Owner (Owner, Proprietor, President, CEO, etc)

THIS SECTION TO BE COMPLETED BY NOTARY ONLY

STATE OF _____ COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, 20____

by_____ on behalf of _____.
(Print Agent of Applicant's Name) (Legal Business Name)

Notary Public Stamp

_____
(Notary Public Signature)

My Commission Expires: _____

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Certificate of Insurance

Certificate of Compliance - Minnesota Workers' Compensation Law

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License number (if applicable)	**Business telephone number**	**Alternate telephone number**

Business name (Provide the legal name of the business entity.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address)	City	State	ZIP code

County	Email address

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

2. **I am not required to have workers' compensation insurance because:**

☐ I only use independent contractors and do not have employees. (See Minnesota Rules chapter 5224.0030 for barbers.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered:

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	**Title**	**Date**